

4929

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 401

1. PLACE OF DEATH

County Yavapai State ARIZONA Registered No. 88B

Township _____ or Village _____

City Prescott No. Mercy Hospital St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 5 ds. How long in U. S. if of foreign birth? 38 yrs. 38 mos. 38 ds.

2. FULL NAME Mrs. Carrie Linder(a) Residence: Yuma, Arizona.

(Usual place of abode)

(If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of William A. Linder
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4, 1870

7. AGE Years 69 Months 2 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kirksville
(State or Country) Missouri

13. NAME Still

14. BIRTHPLACE (city or town) Kirksville
(State or Country) Missouri

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) H
(State or Country) Missouri

17. INFORMANT Wm. Linder
(Address) P.O. Box 1112, Yuma, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Removal
Place Yuma, Arizona Date Sep 7, 1939

19. EMBALMER License No. 8 A
Signature Lester Ruffner

FUNERAL DIRECTOR Lester Ruffner
Address Prescott, Arizona

20. Filed 9-7-39 19 39 Registrar J. C. Mahle

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/5/39, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 19 39, to Sept 5, 19 39

I last saw her alive on Sept 5, 19 39; death is said to have occurred on the date stated above, at 11:00 P.m.

The principal cause of death and related causes of importance were as follows:

Acute myocardial insufficiency Date of Onset 9/5/39

Hypostatic pneumonia 9/3/39

Other contributory causes of importance:

Chronic myocarditis unknown

Chronic nephritis unknown

Arteriosclerosis (scurved) unknown

Name of operation none Date of Physical & Lab findings

What test confirmed diagnosis? Physical & Lab findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) H. J. Southworth M. D.

(Address) Prescott, Arizona.